

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

APP. NO. **097786189**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2				1		1
3				1		1
4				1		1
5				1		1
6				1		1
7				1		1
8				1		1
9				1		1
10				1		1
11				1		1
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13				1		1
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TOTAL IND.		↓	3	↓	2	↓
TOTAL DEP.			14	↓	15	↓
TOTAL CLAIMS			17	↓	16	↓

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.				↓		↓
TOTAL CLAIMS				↓		↓

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADAMENDMENTS